



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
Professional Education and Certification  
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## PROFESSIONAL DEVELOPMENT SYSTEM ASSURANCE OF COMPLIANCE (WAC 180-85-034)

**Use this form to request approval of a professional development system under WAC 180-85-034.**

In order to initiate a process that leads to a performance-based continuing education system, districts and approved private schools may offer educators the opportunity to earn, through use of a professional growth plan, not more than 60 continuing education credit hours over a period of two school years.

Districts and approved private schools must verify, for approval by the Superintendent of Public Instruction, that the following minimum elements of a professional development system are in place:

- A system plan, describing the use of professional growth plans for continuing education and the accompanying support structure for participants is in place.
- The system plan has been approved by the board of directors of the local school district or private school.
- In the case of a public school district, a letter of support from the applicable local educational association is on file.
- A professional development committee consisting of, at a minimum, an educator and administrator representing the building level and a representative of the district or approved private school has been established.
- A template of an individual professional growth plan which is tailored to the individual's professional growth needs and complies with WAC 180-85-034(3) and is aligned with the district/school improvement plans has been selected.

### AFFIDAVIT

I, the undersigned, certify that the school district/approved private school indicated below complies with the Professional Development System-Professional Growth Plan standards specified in Chapter 180-85 WAC.

NAME OF SCHOOL DISTRICT/ESD/PRIVATE SCHOOL

DATE

ADDRESS

CITY/STATE/ZIP

TELEPHONE

( )

NAME (PRINTED)

SIGNATURE AND TITLE

NAME OF DISTRICT PROFESSIONAL DEVELOPMENT COORDINATOR

COORDINATOR E-MAIL

COORDINATOR TELEPHONE NO.

PLAN FOR EVALUATING THE EFFECTIVENESS OF THIS PROFESSIONAL DEVELOPMENT SYSTEM INCLUDES (ATTACH ADDITIONAL EXPLANATION IF NECESSARY):

### Approval – for use by Professional Education and Certification only:

NAME (PRINTED)

SIGNATURE

DATE

TITLE